MYSORE MEDICAL DEPARTMENT.

OFFICE OF THE SENIOR SURGEON IN MYSORE, BANGALORE.

Notification dated 7th November 1938.

Scholarships to Pupil Midwives.

Applications for Scholarships in the accompanying form to enable candidates to undergo training in Midwifery, will be received in the Office of the Senior Surgeon to the Government of Mysore, Bangalore, not later than 5th December 1938.

Applicants must be natives of Mysore and not below 18 or above 30 years of age, and must have passed at least the Mysore Kannada Lower Secondary Examination. Preference will be given to Mysoreans and to those who can speak and write Kannada.

Applications not containing any of the following particulars are liable to be rejected.

1. Name and address in full.
2. Father's name and occupation.
3. Date and place of birth, and
4. The undermentioned documents :—
   1. A certificate signed by the Head Master of the School where the applicant was educated showing the standard of education of the applicant.
   2. A certificate of age and physical fitness and vaccination signed by a Lady Medical Officer not below the rank of an Assistant Surgeon.
   3. If the applicant happens to be married, a declaration from the husband giving his consent to his wife undergoing the training.
   4. A certificate of good moral character signed by two persons of position and respectability who should have known the applicant for at least two years preceding the date of certificate.

Selected candidates should be prepared to undergo training in the Vani Vilas Hospital, Bangalore, Vani Vilas Hospital, Mysore, or Maternity Hospital, Kolar Gold Fields, and should sign an agreement in the prescribed form, on a duly stamped paper binding themselves to serve in the Medical Department for not less than five years after obtaining the professional qualification or to refund the cost incurred on their professional education. The candidate will however be released of their obligation if they cannot be provided with an appointment within six months of passing. Candidates admitted for training are expected to reside in quarters provided on the premises.

Candidates deputed by Government, or by the Victoria Memorial and the Countess of Dufferin's Fund with stipends will have to pay a fee of Rs. 3 per mensem inclusive of room rent. Others will have to pay a security deposit of Rs. 5, a tuition fee of Rs. 2 and a room rent of Re. 1 per mensem. Candidates who are selected for training in the Vani Vilas Hospital, Bangalore, must reside in the "Midwives Home" and should pay the fee prescribed, *viz.*, Rs. 3.

B. K. NARAYANA RAO,
Senior Surgeon.

MYSORE MEDICAL DEPARTMENT.

Form of Application for Admission to Midwifery Training Class.

(To be filled in the candidate's own handwriting in English or Kannada).

1. Name in full	
2. Present occupation, if any and address.	
3. Age (last birthday)	
4. Nationality	

5. Whether single, married or widow ...	
6. Number of children, if any, and how they are provided for.	
7. Whether the applicant is otherwise free from home responsibility likely to interrupt her training.	
8. Has the applicant any practice in Midwifery (as a Dayee)? If so, where and for what period?	
9. Name and address of the applicant's father, husband or the nearest relative in full.	
10. Whether the following documents are attached :— (*a*) A certificate signed by the head of the school where the applicant was educated showing the standard of education received by the applicant. (*b*) A certificate of age and physical fitness and vaccination signed by a Lady Medical Officer not below the rank of an Assistant Surgeon. (*c*) A declaration of the husband giving his consent to his wife undergoing the training, if the applicant happens to be a married women. (*d*) A certificate of good moral character signed by two persons of position and respectability who should have known the applicant for at least two years preceding the date of application.	
11. Whether the applicant seeks for a Scholarship or is prepared to undergo the training as a paying student.	
12. Any other particulars which the applicant wishes to state.	

I declare that the above statements are true to the best of my knowledge and belief.

Place.....

Date.....

Signature.....